

EDD OFFICE NAME
P.O. BOX
CITY

CA ZIP CODE



NOTICE OF OVERPAYMENT

SOCIAL SECURITY NO.	BENEFIT YEAR BEGAN	TOTAL AMOUNT DUE	OVERPAYMENT AMOUNT	PENALTY AMOUNT	WAIVED AMOUNT	DATE MAILED
000 00 0000	00 / 00 / 00	\$ 0.00	\$ 0	\$ 0.00	\$ 00	00 / 00 / 00

CLAIMANT'S NAME
CLAIMANT'S ADDRESS
CITY CA ZIP CODE

EDD TELEPHONE NUMBERS:
ENGLISH (800) 300-5616
SPANISH (800) 326-8937
CANTONESE (800) 547-3506
VIETNAMESE (800) 547-2058
OUTSIDE CA (800) 250-3913
TTY (800) 815-9387

RE: 11 SO: 06 PGM: UI

AN OVERPAYMENT IN THE AMOUNT OF \$ 000.00 HAS BEEN CHARGED TO YOUR ACCOUNT IN CONNECTION WITH A CLAIM FOR UNEMPLOYMENT INSURANCE. BENEFITS WERE PAID BEFORE IT WAS KNOWN THAT YOU HAD EXCESSIVE EARNINGS.

THE OVERPAYMENT IS FOR THE WEEKS ENDING:

00 / 00 / 00 \$ 0 00 / 00 / 00 \$ 0 00 / 00 / 00 \$ 0 00 / 00 / 00 \$ 0

YOU ARE LIABLE TO REPAY THIS OVERPAYMENT. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO EMPLOYMENT DEVELOPMENT DEPARTMENT, INCLUDE SOCIAL SECURITY NUMBER, AND SEND IT TO THE FIELD OFFICE AT THE ADDRESS SHOWN ABOVE. IF UNABLE TO PAY IN FULL, REPAYMENT ARRANGEMENTS MAY BE MADE AND QUESTIONS ANSWERED BY THIS OFFICE.

SECTION 12419.5 OF THE GOVERNMENT CODE PROVIDES THAT THE STATE CONTROLLER MAY COLLECT ANY AMOUNT OWING A STATE AGENCY BY DEDUCTING THE AMOUNT OWED FROM ANY AMOUNT, INCLUDING A REFUND OF TAX OR LOTTERY WINNINGS, THAT THE STATE OWES THE DEBTOR.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

- WRITE A LETTER STATING THAT YOU WANT TO APPEAL. EXPLAIN WHY YOU DO NOT AGREE. WRITE YOUR SOCIAL SECURITY NUMBER ON YOUR LETTER (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5008).
- MAIL YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ABOVE.
- FILE YOUR APPEAL WITHIN TWENTY (20) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.

YOUR HANDBOOK, A GUIDE TO UNEMPLOYMENT INSURANCE BENEFITS, GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE ABOVE OFFICE.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION IS STILL THE SAME, WE WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 20 DAYS, YOU MUST GIVE A GOOD REASON FOR THE DELAY OR THE ADMINISTRATIVE LAW JUDGE MAY DISMISS YOUR APPEAL.

THE OFFICE OF APPEALS WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND MAKE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU.

IF YOU ARE CLAIMING BENEFITS:

WHILE YOU WAIT FOR THE JUDGE'S DECISION, YOU MUST MAIL YOUR CLAIM FORMS. IF YOU DO NOT GET CLAIM FORMS OR A HEARING LETTER, CONTACT THE ABOVE OFFICE. IF THE JUDGE DECIDES YOU CAN BE PAID, WE CAN ONLY PAY IF CLAIM FORMS WERE RECEIVED.

OTHER SERVICES: CONTACT EDD FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.